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A BETTER CHANCE FOR NEGRO
CHILDREN IN HOUSTON • Page 34

A BETTER CHANCE FOR NEGRO CHILDREN IN HOUSTON

MRS. H. A. WILSON *Houston, Tex.*

ALTHOUGH Negroes make up 25 percent of the population of Houston, Tex., Negro children were almost entirely left out of the community's plans for child welfare until 1939. In that year, after an extensive survey of the welfare resources of the city, the Community Chest voted an annual \$10,000 for a 3-year experimental program of child-welfare services for Negro children. The program was to include case-work services for children in their own homes and also boarding-home care. To carry out this program a new temporary agency was established as a branch of the De Pelchin Faith Home and Children's Bureau, a private agency, partly supported by public funds.

A heritage of faith

De Pelchin Faith Home and Children's Bureau had been in existence nearly 50 years before 1939, but up to that time it had given services to white children only. It had been founded by

Kezia De Pelchin, a woman who was so poor in this world's goods that when she died she was buried at her friends' expense. She was, however, so rich in love and in her faith "in God and in the good people of Houston" that she brought into being the first child-welfare services that the city ever had. When she died she left to the agency that bears her name an enduring heritage of courage and vision.

The new little Negro agency had no illusions about the difficulties it had to face, and it felt a real need for a big share in that heritage. Over the director's desk hung a chalk portrait of Kezia De Pelchin. Somehow her picture seemed to belong there, for to her the greatest obstacles had always been the greatest challenge.

Organization

Since the Negro Child Center was a branch of De Pelchin Faith Home and Children's Bureau, the controlling board was the board of the parent agency. The center, though, had many problems with which the parent agency had no experience, and it had a very small budget; and so an advisory committee was appointed to deal directly with the affairs of the center, the chairman of this committee being a member of the Faith Home board.

The committee consisted of equal numbers of white and Negro members. For most of the white members it was their first opportunity to meet educated Negroes, and it was their first exposure to the difficulties that confront the Negro in everyday life. If the center has achieved success, much of it has been due to the mutual respect, understanding, and confidence that developed in the two groups.

On the staff, as on the committee, both races have been represented from the beginning. It seemed, and further experience has borne this out, that wherever segregation is the accepted pattern, a certain amount of liaison work is necessary.

The center opens its doors

In June 1939 the Negro Child Center opened its doors. The office was a four-room cottage in the heart of a Negro section, but within easy reach of the parent agency. The staff of three workers consisted of a white director and a case worker and a stenographer, both Negroes. The prospect was bleak, but there was comfort in the thought that although in the past the community had shown apathy toward Negro children, yet by its very action in calling the little agency into being, it had shown that it was no longer willing that the former situation persist.

Basic conditions

Basic conditions had to be considered in any long-range planning, conditions that were leading to a greater than normal number of family break-downs and of dependent children. (Most of these conditions still exist.)

The great majority of the Negroes were in the occupations that were least secure and lowest paid, and with few training opportunities to enable them to pass into a higher-income bracket. As with all low-income groups, economic pressure and inadequate housing were forcing families to crowd together in cramped and unsanitary quarters. In the Negro family, overcrowding, with its moral as well as its physical dangers, was accentuated, since even the higher-income group had to live in districts designated for them, with high rents and inadequate accommodations.

Many of the Negro houses had open privies. The houses were for the most part on unpaved streets, either with no drainage or with open ditches. After rains the streets were under water, which remained standing long after the rains had been forgotten.

Conditions among the children

The streets were as a rule the only playground of the Negro children. Even in families with both father and





Negro children in Houston who need temporary care will be housed in this modern cottage. It opens its doors in September 1947.

mother, the majority of the women had to work outside the home, and a great number of the children were left alone from morning to night. Older children, without supervision and with no recreational facilities, were running the streets and fast becoming delinquent. There were no day nurseries, and small children were locked up in the house all day by mothers who had no other way to manage. Deserted, widowed, or unmarried mothers, struggling to keep their babies, were forced to make what plans they could, and Negro babies were often given away with little or no planning for their future welfare.

Health

Poor health goes hand in hand with low economic status and substandard housing, and the mortality rates for our racial groups reflected this very closely. From tuberculosis the death rate was more than three times as high among the Negroes as among the white. The significance of this in connection with family break-downs needs no pointing up.

Lack of resources

The rate of illness probably paralleled the mortality figures; and yet for a population of over 100,000 Negroes in the county in which Houston is located there were only 274 hospital beds for general hospital care. For Negro patients with tuberculosis there were in the whole of the county *only 24 beds*. There was no preventorium and no hospital care for infected Negro children.

If there were few resources in the field of health, the poverty of resources in other fields was even more disturbing.

The city and county gave considerable subsidies to Faith Home for the care of young dependent white chil-

dren, but for Negro children, no such subsidy was available. The county maintained schools for older white boys and girls who were dependent or in danger of becoming delinquent, and a boarding-home program, but not for the Negroes.

There was no provision—State or local—for Negro children with special health or social problems; no schools for the feeble-minded or for the epileptic; no school for delinquent Negro girls. All the State had to offer the Negro was a small orphanage, a school for delinquent boys, and limited aid for children who were deaf or blind. Apart from this and some emergency work done by the State department of public welfare, there was no provision for the Negro child.

A surprise and a challenge

Realizing the need that must have accumulated as a result of generations of neglect, the staff assumed that when the office opened there would be an avalanche of calls for help. With outward courage, but inner trepidation, they braced themselves to accept whatever might come. It was an anticlimax to find that the center was almost completely ignored. During the first few months the only requests for care came through other agencies.

A modern child-welfare program was outside the experience of the bulk of those who needed its help. The resources to help other children had for them been unobtainable, and they had had to work out their own welfare plans. Children had had to go to work early and distant relatives had learned to accept great responsibility. Organized authority frightened these people, especially authority that had relationship with court action.

This slow acceptance of new ideas is not characteristic of any racial group. Looking back into the establishment of welfare programs in other groups, we were surprised to find how much of the same defensiveness had existed in the past, and how gradual had been the development and the growth. Recollections of those early difficulties had grown hazy during the long years when we had been content to let the welfare of Negro children lag behind.

It was a shock at first to realize that the community was unable and unready to accept our desire to be helpful. Then came the feeling of challenge. It was going to take time to win confidence and prove to these families that the agency was working in the interest of Negro children. It was going to take courage and skill to turn to the best advantage the tremendous inherent strength in this close family tie and this distant-relative type of planning. The effect of these homespun methods is shown by the fact that only one of every four children who have come to the attention of the agency has had to be placed in paid foster care.

Milestones

It is in the early struggling days of an agency that the incidents occur that later stand out as milestones in the memory—milestones that measure progress as well perhaps as any statistics.

One day toward the end of the first year, a Negro sorority came with a gift of \$200. It was not the last gift from the sorority nor was it the largest, but it was the first public expression of confidence on the part of a Negro organization, and it came at a period of discouragement. The staff will never forget the lift it gave to their hearts.

But our milestone par excellence was Baby Louise! Louise was our first foundling. A Negro husband and wife were sitting on the front porch when they heard a baby crying. Over by the hedge, they found a cardboard box carefully padded, and in it a little Negro girl about 7 months old. She had been well cared for and was evidently unused to being kept waiting for her supper. Beside her lay a bundle of nicely washed and ironed clothing and a nursing bottle, empty, but apparently sterilized. There was something touching about the little dresses in the bundle; the material was cheap and roughly put together, but there was a little clumsy handwork on each.

When Christmas came the face of Louise beamed a cheery greeting from the center's first Christmas card. The photographer had caught something in her expression that won its way into the hearts of all who saw it.

Ever since that Christmas, the center has used the photograph on all its stationery and publications.

We did not realize at the time that the day that Baby Louise was brought to the center was to be a turning point not only in her life, but also in the life of the struggling little agency, nor that she would come to be to many the symbol of all that the agency stood for.

A permanent agency

By the middle of the second year the Negro Child Center had begun to hit its stride. Gradually a better community acceptance of the agency's functions had come about. Better relationships had been established with the courts, with the hospitals, and with other agencies. The number of children brought for help or counsel had steadily increased. In the course of 2 years applications had been accepted for some form of service for 215 children.

It was not a bad record for a \$10,000 yearly budget, but we realized that without additional funds we would not be able to hold our own in the coming year. It was decided to approach the Community Chest and to give an account of the 2 years of our stewardship and then to ask that the experiment should now be considered a permanent agency and be financed accordingly.

The Chest not only granted the 40

percent increase that we asked for, but did it so cordially that the workers returned to their planning with a greater feeling of security than they had ever had before.

Since then the Chest has never failed to give us an annual increase. It has not always been all we wished for, but it has been steady, and for this year, the seventh of the agency's existence, the budget has reached \$53,000, more than five times the original one.

Kezia De Pelchin was right in her conviction that with community knowledge would come community support.

The gift of Anna Dupree

Early in 1945 the community was startled by a gift to the Negro Child Center of \$20,000 to build a cottage for children like Louise. The gift came from a retired beauty operator, Mrs. Anna Dupree. It was one of the first, and certainly one of the largest gifts that had ever been given to charity by a Negro in the South. Anna was one of nine children, who had grown up in great poverty. An enterprising girl, she had learned to be a beauty operator, and had built up a thriving trade.

Soon after the Dupree gift a sorority of Negro professional women volunteered to buy the land for the cottage. Within a few months they presented a check for \$2,500 to the center. When they presented this gift, they made one stipulation and that was: If when the time came to buy the land, it was found that a larger sum was needed, they should be given the *privilege* of raising the rest of the money.

It was little wonder that the faith of the Negro Child Center grew with that sort of encouragement. When the following year suitable land was found, the price was \$6,000. The sorority not only made good its promise, but 6 months later presented us with \$1,000 to furnish the living room.

Then requests to be allowed to furnish rooms and to supply equipment came in from other sororities and women's auxiliaries, without solicitation by the agency. There was no doubt of the tremendous interest and potential strength that existed in the Negro community.

The gift of Mrs. Dupree came at an opportune time. The program from the first had been entirely limited to

foster-family home placement, and while this plan would always be the main resource for caring for the children no matter how the program might develop in other ways, yet it left the agency vulnerable in case of emergencies.

There were many foster-home resources for the white child, some 800 beds in all, but for the Negro group there were only the 35 foster homes that the center had developed. Since the war had begun, this situation had become more difficult, for many of the best Negro families had moved away, and others had given up caring for children to take jobs in the community.

Search for a site

Even though the money was assured, we knew that to find a site was a major undertaking. Not only were all the buildings in most Negro neighborhoods substandard, but so were the physical surroundings. The committee decided that it had better be clear as to what conditions were essential, and then start a real search for the land.

In the minds of the group the following seemed to stand out:

1. The land should be reasonably well-drained and should be easy of access.
2. It should be near good schools, good health facilities, and good recreational facilities.
3. It should be located in a modest, self-respecting community.

Knowing the slimness of the resources, however, we suspected that our ideas were a little Utopian, but we were all so firmly convinced of the value of the undertaking that we were quite willing to hitch our wagon to a star.

Eureka!

It was not till a year after the Dupree gift that we found what we wanted. It was a beautifully wooded area of 9½ acres in the heart of the most densely populated Negro area in Houston. The land had just been released for sale after prolonged litigation, and it far surpassed in every way our rosiest dreams.

The land was only two blocks from a main thoroughfare with good bus service; and most of the homes adjacent were owned by the occupants, stable people with long records of steady em-



Houston has replaced these slums with a public housing project. But others remain.

ployment. One of the best grade schools for Negroes was right across from the property, and a high school was in easy walking distance.

St. Elizabeth's Hospital, a beautiful modern building, was within six blocks; and Hester House, the only community house for Negroes in Houston, was also in the neighborhood. To crown everything, the price was within our reach. Almost breathlessly we put down our money. We felt as if the whole world must be waiting to pounce on our promised land!

There was an additional $4\frac{1}{2}$ acres adjoining our property; and last year Hester House bought it. The possibilities for service that may lie in these 14 acres are limitless.

Now that we had the land, we asked our architect to draw up plans for a receiving cottage for about 20 children.

Before these plans were completed a bank president gave the center \$25,000 to erect a building in memory of his son. It was decided to use this money toward building an administration and community building, which would include a neighborhood health clinic. This would satisfy a crying need, for with over 300 children coming for casework or other service each year, our little office was bursting at the seams.

Almost before we knew it, the center found itself embarked on a campaign to raise a building fund of \$110,000.

Looking back, it is interesting to realize that from the first it never occurred to anyone at the center that we could build any but first-class modern

buildings, functional and dignified, and that we undertook what was to this group the raising of a very large amount of money as a matter of course. It is even more interesting that no one in the community has so far ever questioned the wisdom of our assumption.

The center breaks ground

In December 1945 ground was broken for our new buildings. This was the first step in launching the campaign. The agency had \$45,000 to start with, and, true to the De Pelchin tradition, it had also a deep faith in God and in the good people of Houston.

Fund raising

Of course, \$65,000 is a large sum to collect when most of the contributions will be small. But while large gifts make matters move faster and are much easier on the nerves of those responsible for money raising, yet it may be that smaller gifts from a large number of people do more in the long run toward community good will.

And that brings us to the most appealing gift of all. A heavy express package arrived at the center. In it was \$26.36, all in nickels and pennies, and with it was a card in straggling childish characters: "Lov from Baby Louise." It was hard to believe that our little patron saint was growing up, and there was real inspiration in her loyalty and in the fact that she and her adopted parents were still following the fortunes of the Negro Child Center with eager and affectionate interest.

At present the amount collected stands at \$104,000. The Negro group has contributed most of this, but the contribution of the white group is not far behind.

The old order changeth

It is now 7 years since the Negro Child Center opened, and during those years more than 1,154 children have passed through its doors. This summer the agency is moving into its new \$118,000 plant.

In this development there is no doubt that the real motive power has always come from within the agency itself.

But motive power cannot function without a framework, and in this case the framework was established when the community itself demanded that Negro children be included in the planning. Every time the Chest has increased the budget, that framework has been strengthened.

Other influences also have been at work. While the agency has been developing, a world war has been fought, and with the calling to service of all groups and with the names of people of all races in the casualty lists, there has come about an inevitable modification of community attitudes. Our talk of "one world" has brought with it the natural corollary of "one community," and we are coming to realize that what happens to any one group vitally affects all groups.

With this realization, new dignity and new hope have come to the Negro people, and with increased economic security there has come for them the opportunity to put into effect some of their ambitions for the children of their race. Their cooperation in the work of the center is only one indication of their resolutions.

The old order has been changing, yielding place to a new one, and we are ready, as we have never been before, to think of service in terms of *every* child.

It is very doubtful if there is in the country any community which cannot, in the next few years, equal or surpass the record of the Negro Child Center, if it approaches the task with courage and patience, and with infinite and imaginative faith.

Reprints available in about 5 weeks

CHILDREN OF DIVORCE

WILLIAM D. COCHRAN,

Formerly Circuit Judge, Nineteenth Judicial District of Kentucky

CHILDREN OF DIVORCE are stepchildren of our courts. The laws and the court procedures for handling the problem of children of divorced parents are much the same as they were several generations ago, and it would appear that, at least in our courts, the problem is not recognized at all.

Years ago, when the procedures concerning divorce and child custody were developing, divorces were infrequent; and children of divorce, though individual problems, were not the social problem that they are today, since there were few of them. However, divorces are no longer infrequent, and children of divorce constitute a considerable proportion of American youth. In the light of this change in our social complexion it is of real importance that we reexamine legal procedures to the end that our courts may more intelligently and effectively handle the problem.

If the problem is to be intelligently met it must be first faced squarely as more of a social problem than a legal one.

At present the court sets up a new situation for the child or children of parents involved in a divorce action. Whether the new situation has any relation to the real interests of the child, and whether it leaves as few emotional scars on his personality as is reasonably possible under the circumstances, is something else.

How about interests of child?

Serving the welfare of children, just like intelligent adjudication of any problem, depends upon how well our courts are informed before the judgment is rendered, and intelligent information is something that our courts simply do not get. The child is unrepresented, save by the harassed judge or chancellor himself; there are no competent witnesses to advise the court about the child's interests. This statement will not be received graciously by most parents and a few lawyers but it is nevertheless true.

Neither courts nor lawyers have the special education and training that would enable them to determine intelligently what action in a given case will serve the real interests of the children involved. This may also seem to be a broad statement. However, no lawyer or court need feel offended, for child welfare is a highly specialized social science. It is an independent field of endeavor, about which lawyers and courts know little or nothing and are not expected to. If we are to get reliable information as to what these things are all about, it must come from those who, by reason of education, training, and experience, should know.

The picture of lawyers swapping the interests of children over their desks and reporting to the court in all seriousness that the parties have reached an agreement would be actually amusing were not the situation so deeply serious and the results to children so pathetic. All it means is that opposing parents, through counsel, have reached an understanding, at least partially satisfactory to each. This relieves the chancellor of the necessity of making an independent guess and then worrying over the outcome. If nothing appears radically wrong to his uninformed mind the "understanding" of parents and counsel is placed in the judgment and the typical child of divorce is on his way. If legal opinions of the past are to be criteria of what we can expect in the future, the child of divorce will be no better off as time goes on.

Parents, and their testimony of charge and countercharge, do nothing more than confuse the issue of the welfare of the children, and counsel on neither side are of any assistance. As lawyers, they do not necessarily understand underlying emotional problems of a child who is confronted with a broken home, and also, they often become so

determined to fulfill the desires of their clients that the real interests of the child get little or no place in the picture. Irrespective of how conscientious a chancellor may be, and certainly all our chancellors try to be most conscientious, he is nevertheless lost, and it is the child, of course, who suffers.

As heretofore suggested, if this problem is to be met with any degree of real success it must be first recognized as the social problem that it is. It cannot be solved by the application of any known set of legal rules or maxims, and the longer we delay in taking a more intelligent and objective approach the more serious the situation will become. Certainly it is serious enough as it is, for at present some 80 to 90 percent of all litigation in our circuit courts involves problems in domestic relations.

Tug-of-war between parents

About the only rule our courts have developed that has the unqualified approval of child psychiatrists is that, generally speaking, little children are better off with their mothers. However, so far as the law is concerned, the application of this principle is most often so cluttered with rights of visitation that it becomes of little or no value, and so the child continues to be the center of a tug of war between parents. Save in cases few and far between, the most a court ever gets from the record is the feud between the parents, and many records consist of nothing more than invective. Under such circumstances, and it is the standard situation, no court can be expected to be able to act in the real interests of children.

During the war we learned that a sizable proportion of our young men were unfit to fight because of emotional immaturity and instability. Information concerning the number of these boys who had been children of divorce might be of more than passing interest.

Let us look at some of the things that contribute to a child's normal development as compared with what happens in our courts.

A personality that is mature and able to adjust to normal social existence in a productive occupation is just as important to an individual as his intelligence. But for the children under discussion the opportunity of normal personality development in a normal home

Condensed from an article by Judge Cochran in the Kentucky State Bar Journal, September 1947.

is not theirs. The application of legal rules generally makes this impossible. The real question is: What will come closest to giving the child the environment that his parents, by reason of their refusal or inability to get along together, are taking away from him?

Instead of answering this question, our courts are often called upon to decide as between father and mother whether the pot or the kettle is black and to enter a judgment for the welfare of the child accordingly. The right

for 3 weeks with one parent and 1 week with the other; the school months with mother and the summer months with father, or vice versa. Six months with one parent and 6 months with the other is not at all unusual. During his entire childhood the child of divorce becomes the subject of a struggle between parents for his affections. Under such circumstances, we have nothing but a legalized method of promoting abnormal emotional development. The poor kids never get the chance to develop any

of the most luxuries and the least discipline.

In many cases, after being subjected to the tirades of each parent, the child gets the idea of not belonging any place at all, thinks that neither parent wants him, or is fit to have him, and develops a sense of loneliness that will be a handicap to his normal emotional development and a plague to his entire adult existence. Sometimes he is shoved into some school where the authorities have no knowledge of his background, and before long they find that he is a runaway.

Another thing is that children need to feel that a single authority exists to which they are subject. Where we have divided custody, rights of visitation, and so forth, the child not only does not have this feeling, but cannot get it. In many instances each parent, when with the child, not only attempts to alienate him from the other but curries favor with the child so that he will want to come back again. The child is in the middle, and if this is the best that can be done for him, the chances are that he might be better off without either parent.

These are but three of the many principles, violation of which prevents the child of divorce from growing into a normal, well-adjusted adult. They illustrate how we are abusing the children of divorce instead of helping them. If the child of divorce is to be like other children, we must not permit him to be placed in abnormal situations if we can possibly avoid it. Of course, we do not violate the interests of children purposely. Lawyers and courts simply know no better and cannot be expected to know without the assistance of the kind of special and technical advice that is indispensable if an intelligent conclusion is to be reached.

Court needs technical advice

Lawyers differ in opinions of legal matters, and doctors differ in the diagnosis and treatment of illness. Nevertheless, an intelligent man in trouble does not go to the barber shop for his legal advice, and a sick man who wants to get well does not go to a witch doctor. Why then should we continue to give only lip service to child welfare, about which we, as lawyers, know nothing, and permit our courts to enter or-



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answer for the child can be reached only through objective investigation, not through the application of set rules or some compromise whereby each parent gets a part of what both selfishly want.

First in the normal, natural development of a child is a sense of security, the feeling of belonging some place. The child who is the center of a dispute between parents seldom has this, and if he has it, our courts may unwittingly take it away from him.

The opinions of our courts concerning custody are full of statements that the welfare of the child is foremost, that children are not chattels, and so forth. But it seems that we then proceed to take care of the personal desires of the parents.

No sense of security

Court orders, instead of permitting the children to grow up normally, call

sense of security and they belong no place at all.

In the next place, even though parents are at odds, the real interests of the child suffer when the natural sense of respect and admiration for either parent is impaired. The parents themselves contribute to this before the matter ever gets into the hands of lawyers. Instead of keeping the children as far from the battle as possible, the parents permit them and often encourage them to enter into it. In many instances, they are present during the taking of evidence and quite often, under the influence of one of the parents, a child himself testifies. If the child is over a given age, though so young in development as to have no mature judgment, the court is supposed to listen to his expressed wish, though the place that he wants to stay may be merely the place where he is assured

ders affecting the entire future of children without any proper advice on the subject whatsoever?

Many a lawyer feels that he has fulfilled his professional obligations if he acts as if he were the parent he represents, and it is the service of such members of the profession that sometimes seem most in demand. Voluminous and expensive records are developed which cannot possibly serve the real interests of any child and which never give the court any intelligent guidance.

Our court of appeals has commented on this on several occasions, and in a recent case, in permitting a mother to take her children to another State for permanent residence, gave as justification for this the elimination of the stench with which the divorce action had been surrounded. However little our courts may know of child welfare, and they can be expected to know but little, they know, and properly, that these performances do not and cannot serve the real interests of a child.

An honest and intelligent approach to the problem is for the legislature to prescribe a procedure that will make it possible for courts to obtain special service and advice.

In our cities it is becoming more and more common for informed and socially responsible lawyers to send parents to

competent child psychiatrists. In this manner an intelligent and expert disinterested opinion for the benefit of the child is obtained. A reputable doctor of psychiatry renders professional service for the sole benefit of the child.

If a decision on custody is ultimately necessary, the court can have the benefit of sound advice from a competent source before acting, since the doctor, having made an objective approach and being competent in his special field, makes an able witness for the child. Expert assistance of this sort may sometimes lead to the discovery of the real reason why parents are unable to get along together. The cause may occasionally be eliminated, and reconciliation accomplished. Children are always better off with both parents if they have a contented, responsible home, and any other arrangement, even such as is made upon the basis of the most expert advice, is, at best, nothing more than a substitute.

In these days, expert advice is becoming more and more difficult to get. The impetus given psychiatry by the war has made it virtually impossible to get into the office of a first-class practitioner—for they are all too few—short of an appointment made many weeks in advance.

According to information given the

State Judicial Council of Kentucky some of our circuit judges are having investigations made by child-welfare workers where such workers are available. This is believed to be a sound practice, and during the writer's service as circuit judge he did likewise.

Quite often a court feels that he is making Solomon's choice, and few realize the tremendous responsibility of the circuit judge who in making a single decision may well affect the entire life of a child. For example, what is one to do in the following instance?

Rightly or wrongly, the custody of a child of very tender years whose parents were divorced had been awarded to the father. The mother was married when very young, had had no real girlhood, and had been unhappy with her husband. The pattern is familiar. The husband later boarded the child with a childless couple. Subsequently the mother remarried and was happily adjusted, her new husband was willing and anxious to assume the obligations of a father toward the child, and the matter was reopened. The father had also remarried, and the couple who had the child were desirous of keeping him. All were financially able to assume the responsibility, and there was no moral question involved to cloud the issue.

How is it possible for anyone to believe that a court can act intelligently in such a situation without some sort of special advice? Even experts do not welcome this kind of problem, yet the entire future of a bright little boy may hang on how successfully the problem is met. Such a problem, involving a boy 5 years of age, was presented in the Mason Circuit Court in 1945. Not only is this not a legal problem; it is a problem that lawyers cannot even argue intelligently. The court in this instance, who happened to be the author, did not hesitate to take the problem at his own expense to the best child psychiatrist he could find. Whatever the result of such a case, even if it was handled exactly right, it should have no value as a legal precedent. The answer in the next case may be entirely different, and so legal precedence as such is of little or no value.

It is terrifying enough to make decisions in these matters even when fortified with the most expert advice available, but when we realize that our cir-

Children of divorced parents now constitute a significant proportion of American youth.



cuit courts are, for lack of any other way, feeling their way around in the dark, it makes one wonder how long we are to continue grinding out children of divorce by the hundreds, children who may be headed for early delinquency and, perhaps, doomed to be handicapped and emotionally unstable in adulthood.

This is the situation. We can do but one of two things. Either we must shut our eyes and let nature take its course or we must attempt to meet the situation as intelligently as we can. We cannot have psychiatrists to advise all our courts. In no more than a handful of communities is there available this kind of special advice, and, though meeting the problem adequately requires the application of this specialized branch of medical and social science, there is no practical way to obtain it except in a few cases.

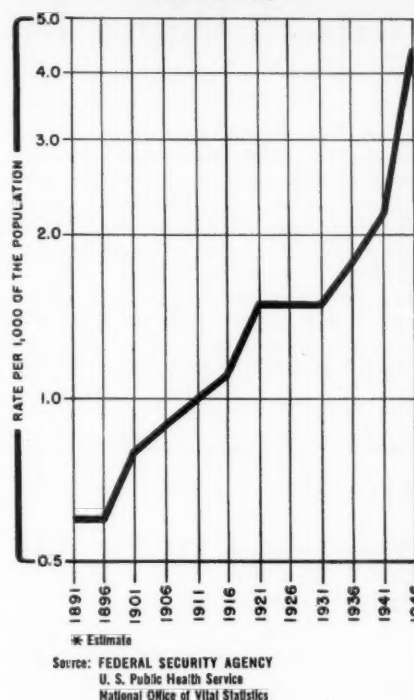
Some have suggested that the court appoint a guardian ad litem (to act for the child in the case). This is an excellent idea, since it gives to the child his natural social right, independent representation at court. However, no matter how good the guardian ad litem may be, he needs competent advice if he is to represent his client or clients capably. The only kind of advice that can be of real value to the child and the court is that based on information obtained through an objective investigation by a competent person trained in the delicate social science of child welfare.

Job for child-welfare division

The child-welfare division of the department of welfare of my State has been criticized because of the delay in handling cases. These delays are due to the severe shortage of trained child-welfare workers, a situation which should be remedied gradually as trained personnel become more available. Since many children of broken homes end up as delinquents and ultimately become the responsibility of the child-welfare division anyhow, it seems reasonable to believe that many delinquencies might be avoided if the agency could enter the picture in its early stages before the child's problem becomes acute.

It is believed by many, and certainly it is reasonable belief, that no court

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order which in any way affects a child should be entered without an objective investigation by a person trained in child welfare. Certainly this is the least we should provide.

When a child is to be adopted, the law of Kentucky makes the department of welfare a necessary party to the adoption proceedings. The reason for this legislation, of course, is to assure the child of as good a home and as good an opportunity to develop normally as is possible under the circumstances.

The same reason exists in custody procedures in divorce cases even though the other parties involved happen to be the parents.

What is best for the children?

After parents separate, a child will have new adjustments to make and it is most important that they be made successfully. This cannot be achieved through "show cause" orders, producing children in open court, and so forth. The results of objective investigations should be a part of the case record, and the opinion of the child-welfare worker should be prima facie evidence of what is best for the children involved.

Anyone with any experience with parents at war with each other knows that often an effort to obtain custody of

a child is merely a matter of spite to keep the other parent from getting anything. People want their friends and the public to know that they won. They want everyone to feel that whatever the trouble might have been it was the other party's fault.

When a court has a record such as suggested, he can act intelligently in the interests of the children. Otherwise he can do nothing more than grope in the dark, wishing that he had some sort of Divine help; and, because he hasn't, he often creates more problems than he solves.

Since these problems are of social character and are problems of social welfare, they demand a new approach. A person trained in child welfare can be of invaluable aid in assisting the parent, or other person who may have the custody of the child, so that he can more easily adjust to the new environment.

Furthermore, once an order is made it should not be forgotten by the court. The child-welfare worker should maintain adequate contact with the case and be ready to recommend to the court such changes as may be required in the interests of the child. A guardian ad litem to represent the child, fortified by a witness who is educated and trained to know at least some of the answers to the delicate problems involved should enable our courts to act in a far more intelligent manner.

It is by no means implied that these ideas offer a ready cure for the bad situation described. As long as there are divorces and children of divorce the problem will always be with us. However, if the challenge of a bad situation, so close to the legal profession, is to be intelligently met, the circumstances must be faced as they are, not as we should like them to be. To meet the challenge with any degree of success, methods must be applied which give some promise of actually solving the problem. It is common knowledge that it has not been successfully met heretofore, and certainly it deserves unselfish, objective thinking. The end to be attained for the ever-growing number of our children of divorce is worth far more than whatever effort is involved.

Reprints available in about 5 weeks



SOUTHWEST LOOKS AT PEDIATRIC NURSING

Now that wartime pressures are off, both hospital and public-health nurses are taking stock of their work and are making extra efforts to improve it. Various State health departments, recognizing the nurses' desire to keep up with the most recent developments in their field, have been offering them opportunities for further education. Examples of such efforts are found in the recent institutes, or conferences, on pediatric nursing that were held in the spring of 1947 in

Arkansas, Louisiana, Oklahoma, and Texas. These were sponsored jointly by the State departments of health, State universities, and State crippled children's services, in cooperation with nursing organizations and other agencies. Assistance in planning was given by the U. S. Children's Bureau regional nursing consultant for the Southwest.

An account of each of these pediatric-nursing conferences, written in the State concerned, is given here.

LOUISIANA

LILLIAN JEFFERS

*Maternal and Child-Health Consultant Nurse
Louisiana State Department of Health*

Public-health nursing and institutional nursing were equally represented at the pediatric-nursing conference held May 26-30, 1947, at New Orleans, under the sponsorship of the Division of Maternal and Child Health of Louisiana's State Department of Health and the Department of Nursing Education of the Louisiana State University School of Medicine.

The conference was led by Dr. Milton J. E. Senn, New York Hospital and Cornell University, and Mrs. Margaret Adams, R. N., Columbia University.

Some discussions were led by Dr. Henry Barnett, Cornell University; Dr. James Q. Haralambie, Cornell University and New York Hospital; and Dr. Myron E. Wegman, Louisiana State University School of Medicine.

Mrs. Adams told the conference that to work constructively with children, a nurse must first try to understand herself and to find out whether or not she really likes children. A nurse who does not like children cannot pretend. Children understand from the way the nurse talks or touches them whether her attitude is sympathetic.

Lack of time and pressure of work are frequently given as the reason for omitting the little kindnesses that children need in order to feel secure, said Mrs. Adams. But, she added, it does not take any extra time to call a child

by his given name or to greet him and tell him good-bye. When a nurse takes a child to the operating room no extra time is necessary to introduce him to the nurse in that room and to tell him that she, his ward nurse, will be waiting for him when he returns to his room. After a painful treatment given to a very young child, the nurse, with no loss of time, may cuddle him in her arms to comfort him, perhaps while talking with the physician about the treatment. No extra time is necessary for the nurse to hold an infant in her arms, instead of her lap, while feeding him.

Discussing premature infants, Dr. Barnett said that although only about 1 out of every 20 newborn infants is premature, practically half of all neonatal deaths are attributable to prematurity.

Measures to combat the high death rate for premature infants must be taken during pregnancy, to prolong the period of gestation, said Dr. Barnett, and also during delivery and the postpartum period.

The essentials of good care of premature infants, whether in the home or in the hospital, are based on extensive clinical experience and knowledge of certain physiological handicaps of premature infants, Dr. Barnett went on. Such care must include provisions for control of body temperature; prevention of infections; skilled medical and nursing supervision; proper feeding; preparedness for immediate emer-

gencies; and preparation of the family for discharge of the infant from the hospital and follow-up in the home.

Dr. Senn reminded the conference that pediatrics is sometimes called a specialty dealing with diseases of children, but, he said, this is too narrow a definition. The pediatrician is interested in diseases, but he considers sickness an incident in the life of a child; more important is the child's health. And most of the time the pediatrician is dealing with a child who is well.

The pediatrician must have an understanding of the well child before he can treat the sick child, Dr. Senn went on. He must know the child's parents, his brothers and sisters, and others in the family; the family environment; and people outside the family in the immediate community.

Dr. Senn pointed out that anyone who deals with children—the physician, the nurse, the jurist, the social worker, the teacher—is confronted with a mass of problems that seem insoluble. Delinquency, broken homes, increased divorce rates, and so forth, are of concern not only to social workers and the clergy, but also to physicians and nurses.

We must understand, said Dr. Senn, that growth and development is a process that is going on constantly from conception to death. Age should not be a barrier to growth and development, and parents should grow and develop while rearing their children. The kind of parents a child has plays an important part in determining what kind of an individual that child will be, said Dr. Senn.

The regular pattern of growth and development is not a straight line, Dr. Senn continued. There are periods when the child seems to stand still or to go backward. He seems to be holding on to the past. He knows what he has, but is afraid of the future. After this seeming standstill, the child may go rapidly ahead.

Although growth and development proceed irregularly, there is an inter-relationship between the physical, emotional, social, and intellectual spheres, according to Dr. Senn. That the nurse should have a philosophy for her approach to child care and behavior is more important than just getting necessary information regarding it.

Dr. Senn pointed out that to obtain maximum development of an individual's potentiality, we must begin with gestation. Thus the antepartum experiences of the mother are important. The mother whose diet is inadequate may have a damaged offspring. A communicable disease, especially German measles, occurring early in pregnancy may injure the fetus.

Emotional development must also be considered during the antepartum period, said Dr. Senn. The mother has certain feelings about her pregnancy, about the baby who will be born. Mother and father both have questions. Prospective parents need opportunity to talk over with the doctor what is on their minds.

Examination of the mother during the antepartum period should be more than a physical examination, Dr. Senn went on. She should be given time to ask questions. Every question, even if it seems foolish, should be answered. The doctor should identify himself with the patient and look at her questions through her eyes.

The time to consider infant feeding, Dr. Senn told the conference, is in the antepartum period. Changes in the mother's breasts cause her to think about whether or not she should breast-feed her baby. The doctor should talk with the mother about what breast-feeding is, how to do it, and its advantages.

Just as soon as possible after the birth of the baby, give the baby to the mother, said Dr. Senn. The physical contact of holding her own child gives her the feeling that she is a mother. Give her the

opportunity to examine her baby. Let her count his fingers and toes. Give the baby to her for feeding as early as possible. The feeling that the mother has of "giving the baby of myself" (breast being self) can't be emphasized too much.

Caring for the baby must be gratifying to mother and child, Dr. Senn maintained. The baby eats not only to take in food but also to suck. He wants to do a lot of sucking, and to use his mouth for a long time. If a self-demand feeding system is used with a baby from the beginning, he will put himself on schedule by the fourth to the sixth week.

When we try to keep a young infant on a clock schedule, we are imposing on him something he perhaps does not want at the time and we might thus

bring about a feeding problem in the baby early in the newborn period.

Every child in his normal growth and development has certain periods that are focal points in his life, went on Dr. Senn. These are, in general, the antepartum period; birth; the newborn period; weaning from the breast and bottle; the time when solid food is begun; toilet training; the arrival of a new baby in the family; and the beginning of school.

What is crucial in the development of a human being, in the opinion of Dr. Senn, is that he be accepted by his family, be loved by his parents, be a part of the family unit. Physical care is important, but emotional development more so.

ARKANSAS

LOUISE JAMES

*Maternal and Child-Health Consultant Nurse
Arkansas State Board of Health*

Interest in the whole field of pediatrics has been greatly stimulated in Arkansas by the recent State-wide survey made by the American Academy of Pediatrics.

Arkansas, a rural State, with more than 600,000 children under 15 years of age (1940 census) has only 1,396 physicians, of whom only 9 are pediatricians; 3 of these are members of the Academy.

The only children's hospital in the State is in Little Rock. Few hospitals have beds for Negro children, although Negroes comprise about one-fourth of the State's total population. Overcrowding in hospitals is general. Nurses are scarce, and most hospitals with pediatric departments are forced to place in responsible positions nurses who have had no preparation beyond basic training as a nurse.

Feeling the need for a program of pediatric-nursing education, the State Board of Health planned an institute on pediatric nursing and held it the first week in March 1947, in cooperation with the Crippled Children's Division of the State Department of Public Welfare, the State Nurses' Association, and the State League of Nursing

Education. Dr. Francis F. Schwentker and Helen Schnetzer, both of Johns Hopkins Hospital, were guest speakers.

Eligibility to attend was restricted to graduate nurses employed as instructors in schools of nursing; those engaged in pediatric nursing, either in hospitals or on private duty; and public-health nurses especially engaged in maternal and child-health services, such as well-child conferences, school programs, and bedside nursing.

Some of the topics on the program were: Nutritional problems in Arkansas; medical problems in nutrition; feeding the infant and child; infectious diseases; the practical care of the infectious patient; respiratory diseases; abdominal diseases; rheumatic fever and nursing problems in this and other long illnesses; endocrine disorders and the psychological problems of the endocrine patient; congenital anomalies; and accidents.

Throughout the entire conference the leaders pointed out the importance of care for all children as an integral part of community services. Both emphasized the rights of children to a happy family life and the importance of recognizing their personal needs, whether the child is sick or well.

Films and slides were used effectively. Demonstration materials included incubators and other equipment for the



A nurse should try to understand herself and find out whether she really likes children.

cars of premature infants; books, toys, and games for various age groups; and equipment for testing the vision and hearing of school children.

Although the programs were planned for nurses, many physicians attended.

So pleased were these physicians that Dr. Schwentker and Miss Schnetzer were invited to nearly every hospital in Little Rock to observe the pediatric departments, discuss their problems, and make suggestions.

OKLAHOMA

OKLAHOMA PEDIATRIC NURSING COMMITTEE

Recognizing the fact that many local nursing supervisors are unable to take postgraduate courses in educational centers because they cannot be spared from their work, the University of Oklahoma Schools of Medicine and Nursing, the Oklahoma Commission for Crippled Children, and the Oklahoma State Department of Health jointly held a pediatric-nursing institute at Oklahoma City in June 1947.

The theme of the institute, "Helping the Nurse to Understand the Child," was developed by the discussion leaders, Dr. Milton J. E. Senn and Mrs. Margaret Adams, R. N.

Planning for the institute began in January, and included formulation of questions by nurses. These questions were forwarded to the discussion leaders and formed the basis for the program.

The institute leaders stressed the importance of the parent-child, doctor-child, nurse-child, and social worker-

child relationships. They pointed out that small details may have great significance to the child, and that his reactions will give the cue for guidance.

Meeting the needs of the mother in the prenatal period and helping her to recognize the importance of both physical and psychological development of her child is the beginning of an adequate child-care program, continued Dr. Senn.

Dr. Senn discussed the infant as a "reflex animal." Sucking, sleeping, and crying when uncomfortable are all reflex actions, he said, but even at this early stage of the baby's development he senses the emotions and tensions of those who care for him.

In connection with "make believe" behavior—a topic of interest to nurses, who deal with children who have been deprived of many activities—Dr. Senn pointed out that fantasy and day-dreaming are a normal part of development in the small child, and that only when they are carried to extremes are they abnormal. This phase of develop-

ment, as well as the tendency to lie or to steal, has a definite cause in the child, said Dr. Senn, and we can discover this cause if we will search for it.

Dr. Senn also discussed sleep habits, toilet training, speech development, and sex education, and gave the nurses suggestions to help them understand children of different ages.

Puberty is the physical aspect of a child's growth and development, said Dr. Senn, and adolescence is the psychological aspect. The adolescent feels insecure and anxious about himself. He fears being different and wants to lose his identity in a group. This is a period of conflicts with parents and other persons in authority, and an upsurge of feeling may be "contagious" and involve an entire ward of adolescents.

Dr. Senn stressed the fact that some of the child's behavior is planned, some unconscious.

Mrs. Adams led the discussion of specific nursing problems, including "Use of masks and gowns," "Formula making," "Evaluation of techniques," and "Demonstration methods."

A local guest speaker at the institute was Dr. Charles Bielstein, pediatrician, who discussed the physiological processes immediately after birth, and infant care.

Half a day of the institute was spent discussing resources within the State of Oklahoma for meeting the needs of children. Topics included a report of the recent survey of these resources sponsored by the American Academy of Pediatrics; a discussion of the facilities available for the care of premature infants in the Oklahoma Hospital for Crippled Children; an outline of the services available through the child-welfare division of the State public welfare department; the mothers' milk bank of Oklahoma; social-service functions at the university hospital; the work of public-health nurses in local communities; the services offered handicapped children by the State vocational-rehabilitation service; community facilities for good nutrition; and the program of the Oklahoma Commission for Crippled Children. Guest speakers representing these agencies discussed the ways in which their services were contributing toward meeting the needs of Oklahoma's children.

In the concluding talk of the insti-

tute, Mrs. Adams discussed "What it means to a nurse to work with children." She pointed out that as the nurse begins to realize that there is a reason for each type of a child's behavior, she becomes more kindly, develops a sense of humor, and is aware of the fact that she must know herself.

Throughout the discussion the public-health nurse and the hospital nurse were

aware of the fact that their problems were similar and that understanding the child in all his aspects is an important part of nursing, both in the hospital and in his home. The work of the public-health nurse and of the hospital nurse, they felt, supplement each other and provide the continuity essential for good nursing care.

TEXAS

ALMA ROLLINS, R. N.

Assistant Director, Public-Health Nursing

MRS. ELEANOR HAWLEY, R. N.

Public-Health-Nursing Consultant, Maternal and Child Health, Texas State Department of Health

Texans have long been aware of the high infant death rate in their State. They are not at all proud of their 1945 infant mortality rate of 48.8 deaths per 1,000 live births.

Considerable study has been given to the causes of death in Texas children of all ages. It has been found that diarrhea and enteritis cause much of the infant mortality in the State, and in the older age groups, that rheumatic fever is a leading cause of death.

Factors inimical to the health of children in Texas, as in many other States, are: Low income per capita, unbalanced distribution of hospital facilities and of medical care, lack of medical and nursing specialists in pediatrics, poor basic courses in pediatrics in many medical and nursing schools, and low apportionment of funds per capita for health programs.

Texas' first postgraduate pediatric-nursing conference was held at John Sealy College of Nursing, University of Texas, Galveston, in April this year. It was made possible through the co-operative efforts of the State Health Department and the John Sealy College of Nursing.

The objectives of the conference were: 1. To provide opportunity for nurses to present problems in child care for group discussion under expert guidance of leaders in the field of pediatrics; 2. To provide opportunity for nurses to increase their knowledge regarding the needs of the child as a whole, whether the child is well or ill;

3. To provide opportunity for nurses to review and discuss new concepts and trends in pediatric care.

The conference leader was Mrs. Margaret Adams, whose contributions to nursing education are nationally known.

The nurses who had been invited were asked to submit topics for discussion, and from these topics the program was planned. It is interesting to note that institutional nurses suggested topics very similar to those suggested by nurses in public-health agencies.

Specific conditions and diseases were discussed by pediatricians; personality development and problems by a child psychiatrist. These physicians were members of the staff of the University of Texas Medical School.

Practical demonstrations of procedures in home and hospital care and teaching exhibits were prominent in the program. After the discussion of care of premature infants, a demonstration of equipment for such care was given, and hospital procedure and techniques were discussed. An improvised incubator, a carrier, clothing, and equipment—all suggested by the U. S. Children's Bureau for home use in the care of a premature infant—were shown.

Later the procedure for preparation of milk mixtures as carried on in the John Sealy Hospital was demonstrated. This was followed by a demonstration of the use of an oil can as a home sterilizer for milk mixture. The oil-can technique is widely used in Texas, especially in homes where physical equipment is limited and refrigeration not possible.

Demonstrations of isolation technique in home and hospital were given.

Toys for children of different age groups were shown, and Mrs. Adams used this exhibit as the basis for a discussion of "Play, an Integral Part of Growth and Development." She pointed out that from play and proper toys a child learns to share with others, to respect their rights and abilities. He learns emotional control and emotional expression, kindness and sympathy as essentials in good living, responsibility, creativeness, and an appreciation of fine things. She said that through play a child develops his vocabulary; his imagination; and his attitudes toward competition, toward cheating and lying, and toward use of money.

In selecting books for children, Mrs. Adams said, we should consider how a book is used by the child. For example, for the very young child, the first use of the book is to finger it and turn the pages. Later he shows interest in pictures—then in words as related to the picture.

In Mrs. Adams' discussion of growth and development she stressed the importance of study of the well child in basic, supplementary, and advanced courses in pediatric nursing. A nurse must study not only the growth and development of the child, she said, but also mental hygiene and the psychology of adjustment, and must learn to apply her knowledge. She must learn to observe, to record and interpret her observations, to share her experience with others, and to compare experiences. She must also develop an understanding of herself.

The nurse should be alert, also, Mrs. Adams continued, to the greater demands of society upon the growing child as his experiences increase and his horizons broaden, and also to the need to plan care around the individual child.

Unanimous approval by the group attending the conference emphasized the need for more such conferences to be held in the future. We feel there has been established a better rapport between nurses serving children in hospitals and those serving children in other community agencies. We also feel sure that Texas children will receive better care as a result of this group study.

Reprints available in about 5 weeks

PEDIATRICIANS FROM 63 COUNTRIES MEET AT NEW YORK

MARIAN M. CRANE, M. D.

Assistant Director, Division of Research in
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TO THOSE who had never before attended an international pediatric meeting, the Fifth International Congress of Pediatrics, held in New York in July 1947, was like having the medical literature suddenly come alive. Sir Leonard Parsons ceased to be a textbook and became a lively gentleman with a charming smile. Lichtenstein, Wallgren, "Tøverud and Tøverud," became individuals with whom to chat and exchange ideas instead of names frequently encountered in *Acta Paediatrica*. Yllpö's name still makes one think immediately of premature infants, but now we remember also his sense of humor. Fanconi and De Toni may still be inseparably united in connection with the syndrome of renal rickets that they described, but they now have personalities of their own, one as a Swiss professor, the other as an Italian one. And so with many others, from Czechoslovakia, Greece, Hungary, U. S. S. R., China, Austria, Palestine, Mexico, and the rest.

We wished for a gift of tongues to be able to talk with all of the 63 nationalities represented. Many of the speakers used English, however, and if they did not, we had only to tune in our earphones to hear a translation. More difficult was the problem of sectional meetings. How could one attend, all at one time, sections on: "Factors in Pregnancy Affecting the Child," "Prevent-

ive Pediatrics," "Bio-Immunological Procedures," "Vitamin Requirements and Avitaminoses," "Insect and Other Vectors of Disease," and "Rheumatic Fever"? At these, and at the plenary sessions, we heard reports of physiological studies, new symptom complexes, new methods of treatment. One marveled at the scientific work that has gone on in some of the war-torn countries.

There were reports of what has happened to children in some of these countries, reports that made one sick at heart but that carried a note of hope. Dr. Jonscher of Poland told of 68 percent of public-school children aged 3 to 7 years infected with tuberculosis, and no hospitals for their care. But he sees hope for the future in vaccination of newborn infants against tuberculosis with oral BCG.

Dr. R. A. McCance of Cambridge, England, reported a study of the physiology of nutritional privation in the British zone of Germany. He found the birth weight of infants to be lower than in 1937. Children who had not received supplementary rations were shorter and lighter in weight than American children. These discrepancies were larger in the older children, and the boys were consistently worse off than the girls. But the children showed an abundance of animal spirits, and if plenty returns soon their losses should be regained.

It was heartening to learn that the services for children established before the war stood Norwegian children in good stead during the occupation of

their country. Parents had learned the importance of good nutrition and were prepared to follow advice as to how to meet emergency situations. Preference in food distribution was given to young children and pregnant women, and additional welfare centers were set up to help the mothers in the care of their children. The success of these measures is shown in the general good condition of the young children. On the other hand, the school children average less than normal height and weight. Interestingly, dental caries decreased in amount during the occupation but has risen again since food supplies have increased.

Most of the numerous interesting and instructive scientific exhibits at the Congress were American, but many a United States pediatrician gazed enviously at the model of the beautiful new Children's Hospital in Helsinki and marveled that it had been built during the war years.

The spirit and the misunderstandings that lead to wars seemed remote and unthinkable in this assemblage from the nations of the earth, interested only in how to protect the health of the rising generation. As one Polish pediatrician expressed it: Perhaps pediatricians are especially internationally minded because they deal with the greatest internationalist of all—the infant who has no language. And perhaps, for this reason, pediatricians should extend their field to include not only promotion of health but education for peace.



• FOR YOUR BOOKSHELF

UNTO THE LEAST OF THESE; social services for children, by Emma Octavia Lundberg. D. Appleton-Century Co., New York, 1947. 424 pp. \$3.75.

Few people are as well prepared as Miss Lundberg to portray the epic of the development of child-welfare programs in the United States. It is cause for rejoicing that we now have from her sensitive and knowledgeable pen this substantial treatise on progress made and essential goals ahead in social services for children.

Following the introductory chapters on the heritage of children and what they need, the meaning and practice of social services, and the language and literature of social work, the book focuses on the colonial and early national period in our history, which gave rise to the first institution for dependent children and the beginnings of educational programs for the physically and mentally handicapped. This was the "Child Saving Era" in which the first significant steps in the treatment of juvenile delinquency were taken.

The period between 1850 and 1900, which the author designates as the years of "Personalities and Progress," was characterized by the development of foster care, the extension and strengthening of public services for children, and further provisions for the handicapped and delinquent. The "Century of Promise" saw the establishment of the Children's Bureau on the one hand and the development of local or county services on the other, increased concern for crippled children as well as the blind and deaf, and the beginning of the mental-hygiene movement.

Other chapters deal with local, State, and Federal relations; the prevention, control, and treatment of two major problems in our society, dependency and delinquency; the legal basis of social action; and major goals ahead in child care.

To all these topics Miss Lundberg brings her own sound philosophy, her rich experience, and her literary gifts. In the two chapters entitled "Pathfinders of the Middle Years" and "The Vanguard of Progress" the book reaches its peak, in the judgment of this reader. The personal sketches of 20 leaders and crusaders in the cause of children not only make fascinating reading, but are so presented as to skillfully highlight the long, slow progress of the years through the eyes and the contributions of colorful and devoted men and women. These chap-

ters, at least, should be required reading for every student of social work in the Nation.

"Unto the Least of These" provides the reader with an excellent springboard for action. There is cause for gratitude that such substantial progress has been made—and cause for concern that we have gone no further. As a Nation we know, probably better than any other nation, what constitutes good and adequate social services for children. We have the leadership, the resources, and the kind of society essential to the development of services of the highest quality.

Apparently one major factor is lacking in the country as a whole, the conviction that the children and families of the Nation are its most precious assets. That idea—that concept—is in truth revolutionary. The honest pursuit of such a concept would bring great and basic changes in our society. The result would not be a totalitarian state—such a state destroys all that is essential to wholesome childhood—but rather a freer society than we have yet known.

Our tradition of free enterprise and rugged individualism and the educational and psychological philosophy we have developed out of that heritage have stressed the independence of children and the doctrine that no adult should do for a child that which he should do for himself. This is still a sound doctrine, but we must constantly remember that for every one thing a child or youth can do for himself, there are a dozen that society must do for him. Emma Lundberg has stated in clear and ringing words what many of those things are; and she believes we can do them, if we will.

Leonard W. Mayo, President, Child Welfare League of America.

• IN THE NEWS

Federal Child-Labor Activities Reorganized

Administration of the child-labor provisions of the Fair Labor Standards Act and the research and advisory service with regard to child labor have been transferred by the Secretary of Labor to the Wage and Hour Division from the Division of Labor Standards. The transfer was made in accordance with the Department of Labor's 1948 appropriation act, which reduced the funds for these activities and included them in the funds appropriated for the Wage and Hour Division.

The Wage and Hour Division's Field Operations Branch will enforce the child-labor provisions along with the other provisions of the Fair Labor Standards Act.

A new unit in the Division, the Child Labor Branch, with Elizabeth S. Johnson as director, is composed of personnel transferred from the former Child Labor and Youth Employment Branch of the Division of Labor Standards. This unit will collect and disseminate information on child-labor problems and trends and will conduct the research and age-certification activities related to the child-labor provisions of the act. It will also investigate occupations considered hazardous to minors, and recommend to the Secretary orders applying the 18-year minimum age under the act to occupations found to be particularly hazardous.

Beatrice McConnell, former chief of the Child Labor and Youth Employment Branch, remains in the Division of Labor Standards, as chief of the Federal-State Cooperation Branch. In this position she will be responsible for the Division's broad program of promotion of improved labor standards.

• CALENDAR

Sept. 4-10—Sixth Catholic International Union of Social Service. Lucerne, Switzerland.

Sept. 9-13—American Psychological Association. Detroit.

Sept. 22-25—American Hospital Association. St. Louis.

Oct. 6-10—American Public Health Association. Atlantic City.

Oct. 13-17—American Dietetic Association. Philadelphia.

Oct. 13-17—National Recreation Congress. New York.

Houston's Negro Child Center finds its success in youngsters like the one on our September cover. The picture is a Library of Congress photograph by Arthur Rothstein.

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Wanted: More Child-Health and Child-Welfare Workers

Parents now realize the crisis the schools are facing because there are not enough teachers for the children, but they have yet to realize that similar shortages of personnel are holding back the health and welfare services that children need.

Although these services are expanding, with the help of increased Federal, State, and local funds, only part of our local communities are covered, and State agencies are having difficulty in finding men and women for this work.

Some day we as a people are going to see that maternal- and child-health and child-welfare services are available for all, but long before then we are going to be brought hard up against the fact that we are not training nearly enough young people to give these services.

Child-welfare workers are in short supply. Only one county in five today has a full-time child-welfare worker, paid from public funds, and usually only public agencies supply such workers outside of the larger cities.

Workers in health fields are few, while public desire for health services and medical care is increasing. Health departments are having difficulty in filling their medical positions. Many small towns and rural areas have too few doctors. There are places now open for thousands of public-health nurses. These are the groups on whom we must depend to provide health services for mothers and children.

Also we have only 400 child-guidance clinics in the whole country, and these can help only about 50,000 youngsters a year. Most of these clinics are in larger cities; though over half our children are in small towns or rural areas.

The time will come when we should no more think of doing without these basic services for children than of doing without schools.

In the meantime, what are we doing to train men and women for these important services?

Comparatively few social workers are now in training in relation to the increasing demand, though encouragement is given by State agencies through stipends for postgraduate training for personnel in public welfare programs. We need many more social workers for work with children. Yet fewer than 3,700 young people are enrolled in schools of social work, training for all phases of such work.

The medical schools last year had fewer than 6,000 graduates, and in the last decade the number per year was nearer to 5,000. In that period the population has increased by more than 13,000,000. Few graduates train for public-health work. Not enough specialists in obstetrics and pediatrics are being trained to supply our smaller towns.

At least 40,000 more nurses are needed now, and the number entering nursing schools has dropped since the war. In the public-health-nursing field, the num-

ber is 30-percent short even to provide 1 nurse for every 5,000 of the population.

Other health workers—medical-social workers, nutritionists, physical therapists—are not being trained fast enough even to meet the current need.

The comparatively low salaries that have prevailed in the health, education, and welfare fields account for some of the low recruiting. Salaries must be raised to attract able young men and women and must draw upon all groups of the population for professional workers. This country credits itself with providing all children with a chance to go to school. But there are many who would make good nurses, doctors, social workers, who cannot get the basic educational preparation nor the professional training, either because of family circumstances or because communities lack good schools.

All our children and young people, in all parts of the country and in all racial groups, and regardless of family circumstances, should have opportunity for a good secondary education.

Higher education, including professional training, should be within reach of all capable of making use of it. When we provide for this we shall have the men and women to draw upon for the services that are needed to reach all the children of this Nation.

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